## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

**Application or Docket Number** 

2000 - 0623

|   |  | CLAIMS AS                                 | (Column 1)         |                                | (Column 2)          |                  |         | SMALL ENTITY TYPE   |                        | OR    | OTHER THAN                 |                        |
|---|--|---|--------------------|--------------------------------|---------------------|------------------|---------|---------------------|------------------------|-------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 20                 |                                |                     |                  | ſ       | RATE                | FEE                    |       | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED       |                                | NUMBER EXTRA        |                  |         | BASIC FEE           |                        | OR    | BASIC FEE                  |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 20 minus 20=       |                                | . &                 |                  |         | X\$ 9=              |                        | OR    | X\$18=                     | 1                      |
| INDEPENDENT CLAIMS  |  |   | <b>೨</b> minus 3 = |                                | 6                   |                  |         | X40=                |                        | OR    | X80=                       | -                      |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT             |                                |                     |                  |         | +135=               |                        | OR    | +270=                      | (                      |
| * If  | the difference                                 | in column 1 is                            | less than ze       | ro, enter                      | "0" in c            | olumn 2          |         | TOTAL               |                        | OR    | TOTAL                      | 710                    |
|   | C  | LAIMS AS A<br>(Column 1)                  | MENDED             | - PAR                          |                     |                  |         | SMALL ENTITY        |                        | OR    | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   | 24,  | CLAIMS REMAINING AFTER AMENDMENT          |                    | HIGH<br>NUM<br>PREVIO<br>PAID  | EST<br>BER<br>DUSLY | PRESENT          |         | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | · 19 ·                                    | Minus              | 2                              | 0                   | =//              | $\prod$ | X\$ 9=              |                        | OR    | X\$18=                     |                        |
|   | Independent                                    | . 3                                       | Minus              | *** (                          | 3                   | =/_              | [       | X40=                |                        | OR    | X80=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                    |                                |                     |                  |         | +135=               |                        | OR    | +270=                      |                        |
|   |  |   |                    |                                |                     |                  |         | TOTAL<br>ADDIT, FEE |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |
|   |  | (Column 1)                                |                    | (Colur                         | nn 2)               | (Column 3)       |         |                     |                        |       |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA |         | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus              | **                             |                     | =                |         | X\$ 9=              |                        | OR    | X\$18=                     |                        |
|   | Independent                                    |   | Minus              |                                | -                   | -                | 11      | X40=                |                        | OR    | X80=                       |                        |
|   | FIRST PRESE                                    | NTATION OF MU                             | JUNPLE DEP         | ENDEN                          | CLAIM               |                  | ┛┢      | +135=               |                        | OR    | +270=                      |                        |
|   |  |   |                    |                                |                     |                  | L .     | TOTAL<br>DDIT. FEE  |                        | OR    | TOTAL<br>ADDIT, FEE        |                        |
|   |  | (Column 1)                                |                    | (Colur                         | nn 2)               | (Column 3)       |         |                     |                        |       |                            |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA |         | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus              | **                             |                     | =                | Jſ      | X\$ 9=              |                        | OR    | X\$18=                     |                        |
|   | Independent                                    | •   | Minus              | ***                            |                     | =                | ]       | X40=                |                        | OR    | X80=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                    |                                |                     |                  |         |                     |                        |       |                            |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                    |                                |                     |                  |         |                     |                        | OR    | +270=<br>TOTAL             |                        |
| ••  | If the "Highest Nu                             | mber Previously Pa<br>mber Previously P   | aid For IN THIS    | S SPACE I                      | s less tha          | n 20, enter *20  | )." A   | ODIT. FEE           |                        | OR    | ADDIT. FEE                 |                        |
|   |  | ber Previously Pa                         |                    |                                |                     |                  | er four | nd in the app       | ropriate box           | in co | lumn 1.                    |                        |